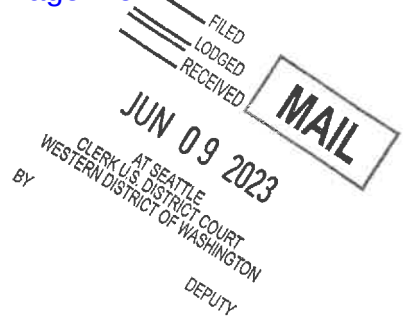


Rev. 3/19

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON



CAMERON DAVID WYNNE BA#2022-007799
Plaintiff's full name and prisoner number

Plaintiff,

v.

Case No. 2:23-cv-00882-RAJ-MLP
(leave blank – for court staff only)

SEATTLE Police Department; King
County Jail Health Staff; King
County Jail (downtown).
Defendant's/defendants' full name(s)

**PRISONER CIVIL RIGHTS
COMPLAINT**

Defendant(s).

Jury Demand?
☒ Yes
☐ No

(If you cannot fit all of the defendants' names in the space provided, please write "see attached" in the space above and attach additional sheets of paper, as necessary, with the full list of names. The names listed here must be identical to those in Section II. Do not include addresses here. **Individuals whose names are not included in this section will not be considered defendants in this action.**)

WARNINGS

1. Do not use this form if you are challenging the validity of your criminal conviction or your criminal sentence. If you are challenging your conviction or sentence, or if you are seeking restoration of good-time credits that would shorten your sentence, you must file a Petition for Writ of Habeas Corpus. If you use this form to challenge your conviction or sentence, you risk having your claim dismissed. Separate forms are available for filing a habeas petition.
2. Under the Prison Litigation Reform Act ("PLRA"), you are required to exhaust all remedies in your institution's grievance system that are available to you before filing suit. This generally means that you must file a grievance and, if it is denied, appeal it through all available levels of review. Your case may be dismissed if you fail to exhaust administrative remedies, unless the administrative grievance process was not "available" to you within the meaning of the PLRA. You are not required to plead or show that you have exhausted your claim in this complaint.

3. Please review your complaint carefully before filing. If your case is dismissed, it may affect your ability to file future civil actions while incarcerated without prepaying the full filing fee. Under the PLRA, a prisoner who has had three or more civil actions or appeals dismissed as frivolous, malicious, or for failure to state a claim cannot file a new action without first paying the full filing fee, unless the prisoner is in imminent danger of serious bodily injury.

4. Under Federal Rule of Civil Procedure 5.2, papers filed with the court, including exhibits or attachments to a complaint, may not contain certain information, which must be modified as follows:

Do not include:

- a full social security number
- a full birth date
- the full name of a minor
- a complete financial account number

Instead, use:

- the last four digits
- the birth year
- the minor's initials
- the last four digits

5. You may, but do not need to, send exhibits, affidavits, grievances, witness statements, or any other materials to the Clerk's Office with this complaint. Any documents you submit *must relate directly to the claims you raise in this lawsuit*. They will become part of the court record and *will not be returned to you*.

I. PLAINTIFF INFORMATION

WYNNE, CAMERON, D.

Name (Last, First, MI)

Aliases/Formal Names

2022-007799

Prisoner ID #

King County Jail (downtown)

Place of Detention

500 Fifth Avenue

Institutional Address

King, Seattle

County, City

WA

State

98104-2332

Zip Code

Indicate your status:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Pretrial detainee | <input type="checkbox"/> Convicted and sentenced state prisoner |
| <input type="checkbox"/> Civilly committed detainee | <input type="checkbox"/> Convicted and sentenced federal prisoner |
| <input type="checkbox"/> Immigration detainee | |

II. DEFENDANT INFORMATION

Please list the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint. Make sure that the defendant(s) listed below are identical to those contained in the caption on the first page of the complaint. Attach additional sheets of paper as necessary.

Defendant 1: Seattle Police Department
 Name (Last, First)

Current Job Title

Current Work Address

King, Seattle WA 98104
 County, City State Zip Code

Defendant 2: King County Jail Health Staff
 Name (Last, First)

Current Job Title

500 Fifth Avenue
 Current Work Address

King, Seattle WA 98104-2332
 County, City State Zip Code

Defendant 3: King County Jail (downtown)
 Name (Last, First)

Current Job Title

500 Fifth Avenue
 Current Work Address

King, Seattle WA 98104-2332
 County, City State Zip Code

III. STATEMENT OF CLAIM(S)

In this section, you must explain what you believe each defendant did to violate your civil rights, and if you know, identify the federal statutory or constitutional right you believe was violated.

If you believe the defendant(s) violated your civil rights in more than one way, explain each violation under a different count. For example, if you believe you received constitutionally inadequate medical care and your religious rights were substantially burdened, include one claim under "Count I" (i.e., medical) and the other claim under "Count II" (i.e., religion).

Number your paragraphs. For example, in Count I, paragraphs should be numbered 1.1, 1.2, 1.3, etc., and in Count II, paragraphs should be numbered 2.1, 2.2, 2.3, etc. The first two paragraphs of each Count have been numbered for you.

If you have more than three counts, attach additional pages and follow the same format for each count.

If you attach documents to support the facts of your claim(s), you must specify which portion of the document(s) (i.e., page and paragraph) you are relying on to support the specific fact(s) of your claim(s). If you do not specify the portion of the supporting document(s), the Court may disregard your document(s).

COUNT I

Identify the first right you believe was violated and by whom:

1.1 the 5th, 8th, & 14th by the
Seattle Police Department.

State the facts of your first claim below. Include all the facts you consider important. Be specific about dates, times, locations, and the names of the people involved. Describe exactly what each specific defendant did or failed to do that caused you injury or violated your rights, and include any other facts that show why you believe what happened was wrong. If you need additional space, you may attach extra sheets.

1.2 While in Seattle Police custody at Harborview Medical Center (E.R) on June 28th, 2022 I informed an officer that I needed to use the Restroom and he refused

to let me use one. I ended up defecating on myself and he still refused to let me use a Restroom. It was not until another officer relieved him that I was able to clean myself. I sat in my feces for over an hour.

State with specificity the injury, harm, or damages you believe you suffered as a result of the events you described above in Count I. Continue to number your paragraphs.

1.3 I WAS subjected to CRUEL & UNUSUAL punishment. It caused me mental & emotional duress as well as being unsanitary & UNSAFE for me to sit in my feces. It ruined my clothes & gave me SEVERE PTSD.

COUNT II

Identify the second right you believe was violated and by whom:

2.1 The 5th, 8th, & 14th by King County Jail health staff.

State the facts of your second claim below. Include all the facts you consider important. Be specific about dates, times, locations, and the names of the people involved. Describe exactly what each specific defendant did or failed to do that caused you injury or violated your rights, and include any other facts that show why you believe what happened was wrong. If you need additional space, you may attach extra sheets.

2.2 On Oct. 2nd, 2017 I lost my stomach. On Oct. 4th, 2017 my esophagus was sewn to my intestine. I was told by doctors at University of Washington Hospital that I needed to take vitamins for the rest of my life because the stomach was an essential part of intake of vitamins for the body.

2.3 Since I've been in jail I've asked multiple times for my multi-vitamins. I told them I have been taking them before incarceration & that they are a necessary part of my diet & they don't care. I have exhausted all remedies here in order to obtain them & upon the appeal of the inmate medical grievance it was ordered I would not be receiving them with finality.

State with specificity the injury, harm, or damages you believe you suffered as a result of the events you described above in Count II. Continue to number your paragraphs.

2.4 AS A RESULT of not getting MY vitamins MY health has decreased & MY teeth have almost fully decayed OR fallen out. I also don't have energy & I lose breath REALLY fast. Some days I don't feel VERY AWAKE OR ATTENTIVE. I have trouble concentrating & don't
(SEE ATTACHED)

COUNT III

Identify the third right you believe was violated and by whom:

3.1 The 5th, 8th, & 14th by King County Jail.

State the facts of your third claim below. Include all the facts you consider important. Be specific about dates, times, locations, and the names of the people involved. Describe exactly what each specific defendant did or failed to do that caused you injury or violated your rights, and include any other facts that show why you believe what happened was wrong. If you need additional space, you may attach extra sheets.

3.2 Since I was first incarcerated last year I have been fed foods that I cannot eat, violating MY right to be free from cruel & unusual punishment. King County Jail has diets AVAILABLE; COMMONFARE (VEGETARIAN), KOSHER, HALAL, 2000 CALORIE, DIABETIC, non-gluten, & non-

dairy. But there is no dietary program in place to protect or provide the basic human right to food to somebody with severe dietary needs as me.

3.3 As a result I have been continually fed foods that have caused me extreme pain, severe cramps, sudden dumping syndrome, as well as nausea that leaves me exhausted + unable to complete any of the tasks necessary to defend myself in court or even exist. I have gotten with kitchen + medical staff multiple times to correct my diet to no avail.

State with specificity the injury, harm, or damages you believe you suffered as a result of the events you described above in Count III. Continue to number your paragraphs.

3.4 I have suffered weight-loss, weakness, lethargy, hunger pains, become epileptic, severe mental issues, i.e. depression, + eating disorders. Not to mention the as of yet unknown future medical issues which
(see Attached

IV. RELIEF

State exactly what you want the Court to do for you. For example, you may be seeking money damages from an individual defendant, you may want the Court to order a defendant to do something or to stop doing something, or you may want both kinds of relief. Make no legal arguments. Cite no cases or statutes.

Count 1 - \$1,000,000.⁰⁰ Count 2 - Order
demanding vitamins be provided, All dental work
compensated. Count 3 - \$1,000,000.⁰⁰, order
demanding correct diet be provided

V. SIGNATURE

By signing this complaint, you represent to the Court that you believe the facts alleged to be true to the best of your knowledge, that you believe those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.

6-7-23

Dated



Plaintiff's Signature

2.4 contd.

fully understand the nature of the charges
Against me.

3.4 contd.

MAY ARISE AS A RESULT OF NO NUTRITION.



Inmate Medical Grievance

Name: CAMERON WYNNE BA#: 2022007799 Location: 57LC

My grievance is: I HAVE ASKED FOR MULTI-VITAMINS/ BOOST/ PEDIALYTE MULTIPLE TIMES & KEEP GETTING NO RESULTS. I HAVE NO STOMACH AND NEED VITAMINS PLEASE

Inmate Signature

Date/Time: 5-15-23

Expect a response within 10 business days of receipt by Jail Health.

Response to grievance:

I reviewed your chart, the provider sent you reverse Kite date 5/15/2023. Not indicated at this time. Thank you

Health Staff Signature

Date/Time: 5/16/2023/700

To appeal this decision, fill out the next section.

I appeal this decision because:

I HAVE BEEN TOLD BY MULTIPLE DOCTORS THAT VITAMINS ARE ESSENTIAL FOR MY HEALTH & WELL-BEING. COULD I PLEASE BE GIVEN NUTRITION & MULTI-VITAMINS IN LIQUID FORM?

Inmate Signature

Date/Time: 5-22-23

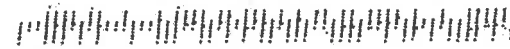
Expect a response within 10 business days of receipt by Jail Health.

Response to grievance:

Mr. Wynne multi-vitamins are not indicated. We will not be providing.

Supervisor Signature

Date/Time: 5/23/23



Name CAMERON WYNN
BKG. # 2022-007799
King County Correctional Facility
500 Fifth Avenue
Seattle, WA 98104-2332

FILED
LODGED
RECEIVED
MAIL
JUN 09 2023
AT SEATTLE
CLERK U.S. DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
BY _____ DEPUTY

Seattle P&DC 981
WED 07 JUN 2023 PM



Clerk's Office (Seattle)
U.S. District Court
700 Stewart Street, Suite 2310
Seattle, WA 98101